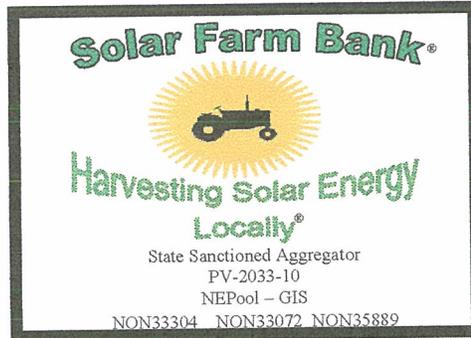


NHPUC 27 JAN 14 AM 11:41



January 24, 2014

Ms. Debra Howland
Executive Director and Secretary
State of New Hampshire Public Utilities Commission
21 S. Fruit Street Suite 10
Concord, NH 03301-2429

Ms. Howland,

Solar Farm Bank LLC (SFB) New Hampshire Certification Code NH-II-13-O10 requests the New Hampshire Public Utilities Commission (Commission) grant its approval and certification of our account for Class II REC for the photovoltaic array of:

Second Bennett Way Limited Partnership
600 Bennett Way
Newmarket, NH 03857
Telephone # 603-659-5665
Email hgertel@aol.com

In Support of the request for Class II eligibility for the Second Bennett Way Limited Partnership, SFB submits an original and two copies of the completed application, required documentation and supplemental supporting information.

Thank you for your consideration of SFB's request. If you have any questions or need additional information, please contact me directly.

Stephen Hirsh,

President

Solar Farm Bank LLC. 508-259-2419
Mailing address: P O Box 24 Medway, MA 02053
Office address: 205 Shaw Farm Rd Holliston, MA 01746
Solarfarmbank@gmail.com

✓



State of New Hampshire
Public Utilities Commission

21 S. Fruit Street, Suite 10, Concord, NH 03301-2429



**DRAFT APPLICATION FORM FOR
RENEWABLE ENERGY SOURCE ELIGIBILITY FOR CLASS I AND CLASS II
SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS**

Pursuant to New Hampshire Administrative Code [Puc 2500](#) Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter* to:
Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429
- Send an electronic version of the completed application and the cover letter electronically to executive.director@puc.nh.gov.

* The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or Barbara.Bernstein@puc.nh.gov.

Eligibility Requested for: Class I Class II

Is this facility part of an aggregation? YES NO

If the facility is part of an aggregation, please list the aggregator's name: Solar Farm Bank

Applicant Name: Richard Sargent

Mailing Address: 308 Bean Hill Road

Town/City: Belmont State: NH Zip Code: 03220

Primary Contact: Richard Sargent

Telephone: 603-267-8176 Cell: _____

Email address: dsarge@myfairpoint.net

The facility name and contact information (if different than applicant contact information).

Facility Name: Same as Above

Mailing Address: _____

Town/City: _____ State: _____ Zip Code: _____

Primary Contact: _____

Telephone: _____ Cell: _____

Email address: _____

Provide a complete list of the equipment used at the facility, including the meter, and, if applicable, the inverter:

quantity		quantity	
30	ET Solar P660230 230W Modules		
1	SMA SB7000 Inverter		
1	Racking – DPW Multi-pole		

What is the nameplate capacity of your facility? 6.90 kW DC

What was the initial date of operation? 12/28/2012

This information is typically included in the interconnection agreement. Provide this documentation as Attachment A.

Provide the name, license number and contact information of the installer, or indicate that the equipment was installed directly by the customer.

Installer Name: Harmony Energy Works Incorporated

Installer Address: 10 Gale Rd

License #: NABCEP PV Installer #032611-147

Town/City: Hampton State: NH Zip Code: 03842

Telephone: 603-926-3366 Cell: 603-512-3377

Email address: george.horrocks@harmonyenergyworks.com

If the equipment was installed directly by the customer, please check here:

Provide the name and contact information of the equipment vendor:

Check here if the installer and the equipment vendor were one and the same.

Business Name: _____
Vendor's Name: _____
Business Address: _____
Town/City: _____ State: _____ Zip Code: _____
Telephone: _____ Cell: _____
Email address: _____

If an independent electrician was used, please provide the following information:

Electrician's Name: Paul Miner
Business Name: Miner Electric
Business Address: 9 Tansy Lane
Town/City: Stratham State: NH Zip Code: 03885
License # 3948M

Provide the name and contact information of the independent monitor for this facility.

(A [list](http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm) of independent monitors is available at: http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm.)

Independent Monitor's Name: Paul Button
Town/City: Manchester State: NH Zip Code: 03104
Telephone: 603-617-2469 Cell: 603-836-4402
Email address: pbutton@energy-audits-unltd.com

Provide documentation of the applicable distribution utility's approval of the installation (This is usually included in the interconnection agreement.) If this documentation is separate from the interconnection document, please provide this as **Attachment B**.

Is the facility certified under another state's renewable portfolio standard? yes _____ no X
If "yes", then provide proof of the certification as **Attachment C**.

In order to qualify your facility's electrical production for Renewable Energy Certificates (RECs), you must register with the NEPOOL – GIS. Contact information for the GIS administrator follows:

James Webb
Registry Administrator, APX Environmental Markets
224 Airport Parkway, Suite 600, San Jose, CA 95110
Office: 408.517.2174
jwebb@apx.com

Mr. Webb will assist you in obtaining a GIS facility code and, if applicable, an ISO-New England asset ID number. Please note, if your facility is part of an aggregation, your aggregator should provide you with this information.

GIS Facility Code # NON-35889 Asset ID # Not Needed

Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following affidavit form or provide a separate document as **Attachment D**.

The Commission requires a notarized affidavit as part of the application.

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature Not needed if above supplied Date _____

Applicant's Printed Name _____

Subscribed and sworn before me this _____ Day of _____ (month) in the year

County of _____ State of _____

Notary Public/Justice of the Peace

My Commission Expires _____

CHECK LIST: The following has been included to complete the application:	YES
• All contact information requested in the application.	X
• A copy of the interconnection agreement, nameplate capacity and date of operation (Attachment A.)	X
• Documentation of the distribution utility's approval of the installation.* (Attachment B.)	X
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS. (Attachment C).	N/A
• A signed and notarized attestation or Attachment D.	X
• A GIS number has been obtained.	X
• The distribution utility's approval of the installation.*	X
• The document has been printed and notarized.	X
• The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC.	X
• An electronic version of the completed application has been sent to executive.director@puc.nh.gov .	X
<i>*Usually included in the interconnection agreement. If the interconnection agreement contains this information, attachment B is not necessary.</i>	

PREPARER'S INFORMATION

Preparer's Name: Solar Farm Bank LLC //Stephen Hirsh

Mailing Address: 205 Shaw Farm Rd

Town/City: Holliston State: MA Zip Code: 02746

Telephone: 508-893-8993 fax 508-893-8991 Cell: 508-259-2419

Email address: solarfarmbank@verizon.net solarfarmbank@gmail.com

Preparer's Signature:  SFBC CEO

ATTACHMENT A

#N2312

NOTE: This is an upgrade of 6 additional modules and an upgrade of inverter.

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Simplified Process Interconnection Application and Service Agreement

Contact Information: Date Prepared 9/11/2012
 Legal Name and Address of Interconnecting Customer (or Company name, if appropriate):
 Customer or Company Name (print): Richard Sargent
 Contact Person, if Company: _____
 Mailing Address: 308 Bean Hill Road
 City: Belmont State: NH Zip Code: 03220
 Telephone (Daytime): 603-267-8176 (Evening): _____
 Facsimile Number: _____ E-Mail Address: dsarge@together.net

Alternative Contact Information (e.g. system installation contractor or coordinating company, if appropriate):
 Name: George Horrocks / Harmony Energy Works Incorporated
 Mailing Address: 10 Gale Road
 City: Hampton State: New Hampshire Zip Code: 03842
 Telephone (Daytime): 603-926-3366 (Evening): 603-512-3377
 Facsimile Number: _____ E-Mail Address: george.horrocks@harmonyenergyworks.com

Electrical Contractor Contact Information (if appropriate):
 Name: Paul Miner / Miner Electric Telephone: 603-772-6807
 Mailing Address: 9 Tansy Lane
 City: Stratham State: New Hampshire Zip Code: 03885

Facility Information:
 Address of Facility: 308 Bean Hill Road
 City: Belmont State: NH Zip Code: 03220
 Electric Service Company: PSNH Account Number: 56276411022 Meter Number: 87114835
 Inverter Manufacturer: SMA Model Name and Number: SB7000US Quantity: 1
 Nameplate Rating: 7.0 (kW) (kVA): 240 (AC Volts) Single or Three _____ Phase
 System Design Capacity: 6.9 (kVA) (kVA) **(Originally was 5.52KW installation)**
 Net Metering: If Renewably Fueled, will the account be Net Metered? Yes No _____
 Prime Mover: Photovoltaic Reciprocating Engine Fuel Cell Turbine Other _____
 Energy Source: Solar Wind Hydro Diesel Natural Gas Fuel Oil Other _____
 UL 1741 (IEEE 1547.1) Listed? Yes No _____
 Estimated Install Date: 11/10/2012 Estimated In-Service Date: 11/15/2012

Interconnecting Customer Signature:
 I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions on the following page:
 Customer Signature: _____ Title: Homeowner Date: 9/11/2012
 Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.

Approval to Install Facility (For Company use only):
 Installation of the Facility is approved contingent upon the terms and conditions of this Agreement and agreement to any system modifications, if required. Are system modifications required? Yes _____ No To be Determined _____
 Company Signature: Michael Motta Title: SR. ENGINEER Date: 10-24-12
 Company waives inspection / Witness Test? Yes No _____

ATTACHMENT B

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE INTERCONNECTION STANDARDS FOR INVERTERS SIZED UP TO 100 KVA (Continued)

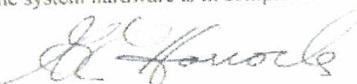
Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

Check if owner-installed

Customer or Company Name (print): Richard Sargent
Contact Person, if Company: _____
Mailing Address: 308 Bean Hill Road
City: Belmont State: NH Zip Code: 03220
Telephone (Daytime): 603-267-8176 (Evening): _____
Facsimile Number: _____ E-Mail Address: dsarge@myfairpoint.net

Address of Facility (if different from above): _____
City: _____ State: _____ Zip Code: _____
Generation Vendor: Harmony Energy Works Incorporated Contact Person: George Horrocks
I hereby certify that the system hardware is in compliance with Puc 900.

Vendor Signature:  Date: 12/28/12

Electrical Contractor's Name (if appropriate): Neil Vilders / Vilders Contracting & Electrical
Mailing Address: 255 McKinley Road
City: Portsmouth State: NH Zip Code: 03801
Telephone (Daytime): 603-501-0956 (Evening): 603-501-0956
Facsimile Number: _____ E-Mail Address: vilderscontracting@gmail.com
License number: 7882 NH

Date of approval to install Facility granted by the Company: 10/24/12 Installation Date: 12/28/12

Application ID number: N2312

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of

Belmont, Belknap County

(City/County)

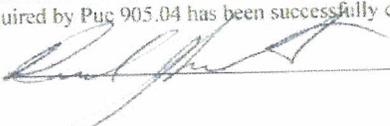
Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): 

Name (printed): BRIAN BROWN

Date: 12/28/12

Customer Certification:

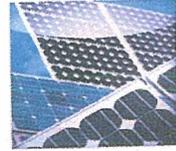
I hereby certify that, to the best of my knowledge, all the information contained in this Interconnection Notice is true and correct. This system has been installed and shall be operated in compliance with applicable electrical standards. Also, the initial start up test required by Puc 905.04 has been successfully completed.

Customer Signature:  Date: 12/28/12

ATTACHMENT D

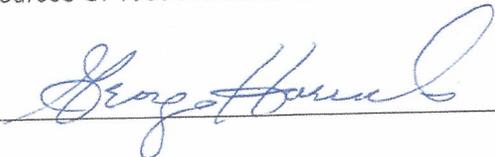


10 Gale Rd
Hampton, NH 03842
603-926-3366



RICHARD SARGENT – COMMISSIONING REPORT & CERTIFICATION OF SYSTEM OPERATION

I am pleased to present this Letter of Certification in regards to the 6.9 kW - DC (STC) solar photovoltaic (PV) system installed at 308 Bean Hill Road, Belmont, NH. In my role and capacity as PV Project Manager for the above installation, I do hereby certify that the 6.9 kW PV system has been inspected, commissioned, and interconnected with the grid and was officially placed in service on December 28, 2012. The project was installed and is operating in conformance with any applicable state/local building codes. The 6.9 kW PV system consists of 30 - 230W ET Solar P660230 solar modules, 1 SMA SB7000 inverter, a revenue-grade solar production meter and AC disconnect. All solar PV panels, inverters, and balance of system equipment are operating properly and as designed. The power output of the solar PV system is being fed into the PSNH grid as per the terms and conditions of the PSNH Standard Interconnection Agreement and *CHAPTER PUC 900 Net Metering For Customer-Owned Renewable Energy Generation Resources Of 1000 Kilowatts Or Less* of the NH Public Utility Commission (NHPUC).

Installers's Signature  Date 1/10/14

Installer's Printed Name George Horrocks

Subscribed and sworn before me this 14 Day of January (month) in the year 2014

County of Rockingham State of NH

Anna French
Notary Public/Justice of the Peace

My Commission Expires _____

